

# TOWARD A BETTER AGE



Report of the British Columbia Task Force  
on Issues of Concern to Seniors

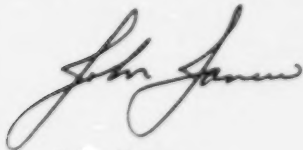


# TOWARD A BETTER AGE

April, 1990

I am pleased to have this opportunity to express my sincere appreciation to the members of the Task Force for their dedicated service and commitment in preparing their excellent report. The Toward a Better Age Initiative was a unique challenge, the outcome of which will benefit the seniors of British Columbia now and into the future.

Also, I am grateful to the many citizens of British Columbia who participated in the public forums and provided valuable input regarding seniors' concerns. The success of the Task Force in this endeavour is in large measure due to the interest shown by you and to your participation in this project.

A handwritten signature in dark ink, appearing to read 'John Jansen', with a stylized, flowing script.

John Jansen  
Minister of Health and  
Minister Responsible for Seniors

April, 1990

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# LETTER OF SUBMISSION

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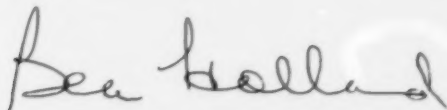
Honourable John Jansen  
Minister of Health and  
Minister Responsible for Seniors

We are pleased to submit to you this Report of the British Columbia Task Force on Issues of Concern to Seniors.

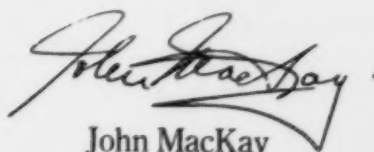
In preparing this report, we asked British Columbians to identify issues of particular concern to seniors and to suggest ways of dealing with those issues. Individuals and organizations making presentations to the Task Force were also invited to comment on existing programs for seniors and share their visions of a better tomorrow for British Columbia seniors. During 1989, the Task Force visited 21 British Columbia communities and received more than 1,000 oral and written submissions from citizens of all ages regarding the role of seniors in our Province.

With this report, we are confident that we have captured the perceptions of our citizens concerning seniors — their lives and their roles in our society. Our greatest challenge has been to incorporate the extensive input received from British Columbians into a meaningful, understandable document. On the whole, our findings confirm the importance and relevance to seniors of the issues identified in the comprehensive Discussion Paper, "Toward A Better Age: Strategies for Improving the Lives of Senior British Columbians" (the document which served to initiate the public consultation process). More specifically, this report provides a blueprint for immediate action and identifies guidelines for the long-term development of policies and programs affecting seniors.

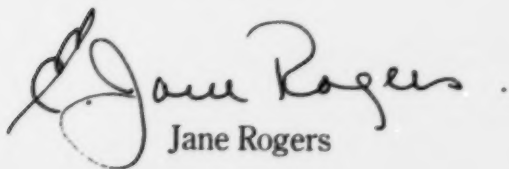
Our work as a Task Force is complete. Many of those who made submissions to us expressed a desire to see the results of their input. We accordingly urge you to ensure that this report is widely distributed throughout British Columbia. Further, we call upon the Government of British Columbia to study and translate our recommendations into effective action, taking due account of society's other priorities and of the financial constraints facing the Province. Our hope is that we have made a worthwhile contribution to creating a future that continues to hold both security and promise for senior British Columbians.



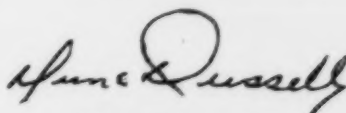
Bea Holland



John MacKay



Jane Rogers



Dunc Russell

# ACKNOWLEDGMENTS

This report could not have been written without the enthusiastic response to the Toward A Better Age Initiative by the people of British Columbia. A great many individuals made representations on their own behalf or on behalf of an organization interested in issues of concern to seniors. These individuals have been cited in the list of contributors (Appendix A) and some of their comments have been highlighted throughout the text. Many also took the time to attend public forums held throughout the Province, and shared their views verbally. To all of you who came forward, taking the time to share your thoughts and help us with this important task, thank you. Thanks too to the many companies and professionals working with the media who lent support to our initiative by publicizing Task Force public forums and encouraging public participation.

Further, we gratefully acknowledge the work undertaken by the committee that prepared the discussion paper "Toward A Better Age: Strategies for Improving the Lives of Senior British Columbians." The committee included representatives from 12 Provincial Ministries as well as from the Office of the Premier, BC Transit, and the Superannuation Commission. Their work made an important contribution to the Task Force hearings by providing a background context for those making presentations and giving a clear sense of direction that was supported by the majority of presenters.

We would also like to take this opportunity to thank a competent and committed staff of the Office for Seniors for supporting us in meeting our challenge. The many persons who assisted us during the Toward A Better Age Task Force Tour included staff of the Ministry of Health, Government Agents, MLA constituency office staff members, various community groups, and staff of the Air Services Branch of the Ministry of Government Management Services. As well, we wish to thank the Honourable Peter A. Dueck, who as then Minister Responsible for Seniors extended to each of us a most worthwhile personal experience in asking us to serve on the Task Force. The time we have spent on this important undertaking has broadened our own understanding of seniors and the issues that affect their lives, and we hope that we have been able to contribute to ensuring a better tomorrow for all senior British Columbians.

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# EXECUTIVE SUMMARY

The substance of this report has been arranged in two main sections.

In the first section, "The Road to the Future," the Task Force has framed seven fundamental principles that the Provincial Government should observe when developing or deciding whether to support programs or services that meet the needs of seniors. The principles should also serve as criteria for assessing the appropriateness of government policies or programs developed in the future. With these principles, the Task Force has called on the Government to:

1. Preserve the personal independence of seniors;
2. Foster informal helping networks for seniors;
3. Favour community-based services for seniors;
4. Respect the productive capacities of seniors;
5. Ensure that seniors have easy access to programs and services;
6. Accommodate the needs of seniors within "general" programs, where appropriate;
7. Provide for consultation with seniors.

"The Road to the Future" also presents a discussion of the role of government in creating a better age for seniors and in carrying out the recommendations of the Task Force. Provincial administrative structures that presently exist to meet the needs of seniors are reviewed and supported. The main implications for local governments are also spelled out. "The Road to the Future" concludes with a "Vision of Tomorrow"

that, in the view of the Task Force, reflects the dreams, aspirations, and expectations of a broad representation of British Columbians with respect to their personal futures as seniors.

In the second section, the Task Force identifies the various issues of immediate concern to seniors in connection with the six broad topics investigated by the Task Force:

- Health and wellness
- Financial security
- Choice in housing
- Transportation access
- Personal security
- Social and personal fulfillment.

The Task Force has also recommended specific approaches that government can adopt, as circumstances permit, to address the concerns identified. Ultimately, the Task Force takes a positive and optimistic view of British Columbia's ability to create a better age for its seniors.

A Glossary defining terms and giving background information on organizations or programs mentioned in the body of the report has been included to facilitate understanding of the discussions undertaken in the second section of the report.



# THE ROAD TO THE FUTURE

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“I am not afraid of tomorrow,  
for I have seen yesterday  
and I love today.”

WILLIAM ALAN WHITE

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# GUIDING PRINCIPLES FOR DEVELOPING AND IMPLEMENTING PUBLIC POLICIES FOR SENIORS

The verbal and written submissions that the Task Force received from British Columbians throughout the province identified several issues of concern to seniors and suggested a variety of specific ways to deal with these issues. This input, where appropriate, has been incorporated into the body of our report, by topic.

In the course of our Task Force hearings, however, certain general observations and comments were voiced again and again. The following principles have been formulated to capture the thrust of those recurring comments and recommendations. The principles, framed as general recommendations, reflect the fundamental beliefs and expectations of British Columbians consulted on the subject of seniors and on the subject of government policies that affect them. In the view of the Task Force, these principles should govern the development or implementation of any public policy or program that might affect seniors. They should also serve as criteria for assessing the acceptability of proposed public policies, programs, or actions. All of the specific recommendations contained in the body of this report should be viewed in the light of these guiding principles.

**To the greatest extent possible,  
Provincial Government actions should:**

- 1. Preserve the personal independence of seniors;** Programs and services for seniors must support the initiative and responsibility that individual seniors assume for maintaining their independence.
- 2. Foster informal helping networks for seniors;** Programs and services should foster the initiative and the continuing
- active participation of families, communities, self-help organizations, private caregivers, and seniors themselves in providing for seniors' needs.
- 3. Favour community-based services for seniors;** Local initiatives to develop and administer programs or to implement measures that meet the particular needs of seniors living in these communities should be encouraged and supported.
- 4. Respect the productive capacities of seniors;** Measures adopted by government should ensure the continuing involvement of seniors in activities that are economically, socially, and culturally productive.
- 5. Ensure that seniors have easy access to programs and services;**
- 6. Accommodate the needs of seniors within "general" programs, where appropriate;** Chronological age, although relevant as a criterion for access to some government and community-based programs, should not serve as the sole basis for determining seniors' roles and benefits. Targeted programs could be developed in response to specific needs and conditions rather than simply on the arbitrary basis of age. Generally, however, the needs of seniors are best accommodated within programs and services available to the population-at-large.
- 7. Provide for consultation with seniors;** Two-way communications and mechanisms for ongoing input must be developed and maintained by government.

# PARTNERS TOWARD A BETTER AGE FOR SENIORS

Presentations made to the Task Force generally recognized that creating a better age for seniors in British Columbia requires the positive and active participation of many individuals, groups, and organizations. The Province, the Federal Government, local governments, community agencies (private, non-profit, or volunteer), professionals who deal extensively with seniors, businesses, and seniors themselves all have important roles to play.

## **The Government of British Columbia**

The Task Force believes that the Province is a particularly important partner in the effort to move toward a better age for seniors. Recognizing that the Government of British Columbia already provides a number of critical programs and services that benefit seniors, the recommendations contained in this report suggest ways in which the Provincial Government can further improve the existing situation for seniors. The Task Force supports the view that it is appropriate for the Provincial Government, in carrying out these recommendations, to:

- assume leadership in coordinating the delivery of programs, especially those that meet similar needs or involve other jurisdictions (over and over again presenters called for a more coordinated and cooperative approach to the planning, delivery, and evaluation of seniors' services);
- assume leadership in coordinating the regulation of service providers where consumer concerns presently exist (e.g., jurisdictional issues with respect to the services provided by dentists, denturists, and dental mechanics need to be reconciled);
- develop and disseminate, within Government and to the public, information materials as a way of fostering understanding and appreciation of seniors and their needs;
- influence other key potential contributors to the well-being and provision of opportunities for seniors (the Government's unique fiscal and authority relationships with other governments, Provincial crown agencies and other key interests in the Province with which it "does business" can be applied directly or through linkage arrangements to the overall and specific benefit of seniors).

In keeping with the Guiding Principles identified in this report, the Task Force supports the Government's initiative to devolve aspects of its service responsibility to other service providers and, in so doing, to enter into various delivery arrangements with interested parties. The Task Force also urges the Government, however, to apply its fiscal capacity and its legislative/regulatory authority judiciously in dealing with service providers to ensure the effectiveness of service initiatives throughout the Province.

## **The Seniors Advisory Council**

Legislation establishing the Seniors Advisory Council was given Royal Assent on June 28, 1989. In listening to the views of British Columbians from around the province, the Task Force concluded that the Seniors Advisory Council will serve as an important instrument providing seniors with input into the decision-making process. In keeping with Guiding Principle 7, therefore, the Task Force urges the Provincial Government to develop and maintain the Seniors Advisory Council as a regionally representative body having members with varied backgrounds (e.g., in the fields of education, health care, recreation, business, or social and multi-cultural services).

As a voice for seniors, the Council should act as a full contributor to the policy-making process, ensuring that Government takes into account the specific needs of seniors in the development of general policy and programs and those specifically designed for seniors.

## **The Office for Seniors**

Established in the Spring of 1989, the Office for Seniors provides administrative support for the Minister Responsible for Seniors. Feedback received by the Task Force indicated that, like the Seniors Advisory Council, the Office for Seniors can serve as an important vehicle for enabling the Provincial Government to effectively respond to seniors and relevant issues of importance. The Task Force consequently urges the Provincial Government to maintain the Office as a viable

structure directly answerable to the Minister Responsible for Seniors and having adequate staff and budget to effectively play the following roles:

- monitor the changing situation with respect to seniors' issues, programs, and services both in British Columbia and in other jurisdictions;
- serve as an information exchange centre, so that innovative options being implemented in various communities or in other jurisdictions can be shared and applied so as to best meet the needs of British Columbia seniors;
- complement the role of the Seniors Advisory Council by serving as an additional contact point for seniors and providing input to the Minister Responsible for Seniors;
- play an advocacy role within the Provincial Government on issues affecting seniors and advise other ministries, as necessary, with respect to any policies, program, or service developments that could affect seniors;
- collect and develop information that is relevant for seniors and disseminate it in a manner and form that makes it readily accessible;
- help inform and educate the public about programs and issues affecting seniors and contribute to the development of positive public attitudes toward seniors.

A high priority should be placed on elevating the profile of the Office for Seniors within Government in order to demonstrate impartiality and its potential for effecting positive action.

## **Local Community Roles**

In endorsing the principle of community-based services for seniors, as expressed in Guiding Principle 3, the Task Force recognizes that, like the Provincial Government, local, municipal, and regional authorities have a particularly important role to play. Indeed, some of the specific recommendations contained in the body of this report suggest particular responsibilities that should be assumed by local communities. In general, the Task Force believes that local communities should:

- help identify the particular needs of seniors locally, set local priorities, and assume operational responsibility wherever appropriate (a number of community service groups throughout the province emphasized the critical importance of including a variety of community representatives in the planning, development, and delivery of service options for seniors);
- keep the needs of seniors in mind when exercising their regulatory as well as their spending authority (e.g., there will be an increasing need for local governments to review their land use and zoning policies in order to enable more flexible housing choices for seniors);
- cooperate to the fullest extent possible with other levels of government and locally based institutions to maximize the use and benefit to seniors of resources available to the community (e.g., ensure the fullest possible use of recreational facilities in the community to accommodate the increased demand for programs that will occur as more people take greater responsibility for their own health).

# VISIONS OF TOMORROW

Our society is experiencing an extraordinary social phenomenon with the aging of our population. Today's family generally includes grandparents - something virtually unheard of in 17th century Europe, where the average life expectancy was only 35 years. Throughout the present century, dramatic improvements in medicine, nutrition, and quality of life have greatly increased the life expectancy of average Canadians. By the year 2000, most Canadians will be living well into their seventies and eighties, and many will be living into their nineties and beyond. Moreover, the average life expectancy of Canadians will probably continue to increase throughout the next century.

This trend generates many challenges for governments, communities, and every member of our society. Above all, we must strive for a social framework that ensures a high quality of life for seniors while maintaining the right of individuals to choose the lifestyle best suited to their own needs and desires.

We live in a province that provides a wide range of programs and services for seniors. Yet from our discussions with British Columbians we can discern the outlines of a future that is better still for our senior population - a future in which some of the problems they now face have been addressed sensibly and effectively - a future that offers them a maximum of personal independence along with a variety of options for meeting their basic needs for health care, financial security, housing, transportation, personal security, and personal fulfillment.

In the area of health care - clearly one of special concern for seniors - we foresee the provision of a wider range of choices supporting the total well-being of the individual. The services routinely available throughout the province will include, among others already available:

- a variety of community-based programs that focus on maintaining and enhancing the wellness of the healthy individual;
- a more understanding and client-centred form of care for psychogeriatric patients, who will be cared for by highly trained personnel in an environment that maintains human dignity at all times;
- hospice and palliative care for terminally ill patients whose ultimate control over the medical treatment received will be protected.

In the area of housing, we foresee the province-wide availability of a variety of appropriate, affordable housing options for seniors. If they wish it, they will receive help adapting their homes to suit their changing physical abilities so they can continue to live independently. If the time comes for a move to a more supportive living arrangement, they will have access to high-quality care in a home-like setting.

With respect to public facilities, we see sidewalks being wheelchair-accessible, wide enough to allow for wheelchairs or slower-walking individuals to be bypassed safely, and well lit in the evening. Traffic signals will take into account the physically handicapped, extended at certain intersections to allow for slower pedestrians, and designed to enable the visually impaired and the hearing impaired to interpret them easily. More coordinated long-range planning will make for health care services, housing, and social amenities that are situated closer together, with roads and transportation systems established to make them accessible.

In other developments related to transportation, we see an expanded quality of life in the future for seniors with the adoption of the transportation approaches which we have proposed:

- in small towns and communities, as in the larger urban centres, the ready availability of appropriate public transportation will mean greater freedom of movement for many seniors;
- fast, convenient public transportation for seniors will remain reasonably inexpensive, and incentives such as reduced or free fares and more appropriate hours of service will further help increase usage among the senior population;
- the extended use of public transit will increase traffic safety as there will be less need for seniors to continue driving when it is no longer safe for them to do so;
- most importantly, increased availability of public transit as a transportation option will support independence of the individual seniors and will increase their ability to attend social, recreational, or health-related appointments.

The future should also bring enhanced personal security for seniors. Thanks to the educational efforts undertaken by government, the media, the private sector, and the many helping agencies that exist to serve seniors, they will know what their rights are and where to get help when they are unsure about how to manage their affairs. They will be allowed to exercise their will to die with dignity and to determine the kind of medical treatment they want to receive in consideration of the quality of life they can enjoy. They will feel more secure overall, knowing that there are places and people to whom they can turn when faced with potential harm or abuse and knowing that their streets and neighbourhoods are safe, allowing them the freedom to go outside on their own, whatever the time of day.

Finally, the future should hold increased financial security for seniors. Financial assistance programs, provided by different levels of government will have eligibility requirements that ensure continuity of support to and through retirement. Wider access to pension income (e.g., in the form of guaranteed pension income) will assure the financial security of those who have been unable to save for retirement. This income will provide the minimum level of support that such seniors require to maintain their sense of dignity, independence, and self-respect.

Many seniors, however, will not be dependent on financial assistance or on publicly funded pensions for financial security. Responding to increased incentives available for saving and having better access to information on financial planning, most seniors will have made adequate preparations for their own retirement.

As society moves to address their concerns, seniors will play an active role, consulting with government to identify problems and remedy any deficiencies in programs or services. To meet the challenges identified in this report, the various levels of government will work more closely together. In many areas, the Province will take the lead in encouraging communities to identify practical approaches to satisfy the needs of seniors. The Province, along with the Federal Government, will also provide ongoing support (e.g., financial) for effective and well-run community-based programs that meet seniors' needs.

Once their basic needs have been met, seniors have increased chances for self-fulfillment through enjoyment of life's social, cultural, recreational, and spiritual opportunities. In the future, a greater number of British Columbia's seniors will be able to achieve such self-fulfillment.

Individual seniors will not be the only ones to realize the rewards of such action. We must remember that seniors are productive people who have ideas, creativity, and the energy to make their dreams come true. They will repay society one hundredfold through a variety of ways including volunteer activity and productive involvement in the economic, social, and cultural life of the Province.

In the final analysis, we should remember that whatever the differences among them, our seniors possess a wealth of life experience that gives them a special perspective on our rapidly changing world. As British Columbia charts its future, their insight can be invaluable. The concerns of seniors today will become concerns for all of us eventually, and they must be addressed. The benefits to be realized by addressing those concerns are immeasurable — not only for the individual who will be personally affected, but also for our society, which will gain the full use of those creative talents and skills that seniors have to offer.



# **AREAS OF CONCERN & RECOMMENDATIONS FOR ACTION**

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“Seniors should find that retirement  
is the beginning of the best years of their lives.

The point of this testimony  
is to say to Government, ‘Let’s make it so!’”

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**VICTORIA PUBLIC FORUM**

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# INTRODUCTION

This section of the Task Force Report identifies 25 specific issues related to one or other of the seven major topics identified in the *Toward a Better Age Discussion Paper*. All of these issues are important to seniors and should be important to the public at large. The Task Force, nevertheless, recognizes that the recommendations can only be acted on at a pace that the Government deems to be socially and financially acceptable. The Task Force also recognizes that the Government faces many competing priorities.

The Task Force accordingly wishes to point out that the recommendations identified here are not all equally ambitious. In some instances, existing structures simply need to be adjusted or developed. In other cases, fresh initiatives and an adjustment of perspective will be necessary.

It must also be pointed out that the seniors' benefits associated with the recommendations made here are not presumed to be equally distributed. The Task Force urges the Government to recognize that some of the needs it identified (e.g., those of psychogeriatric patients, or of certain elderly women who are ineligible for adequate forms of pension income) are acute and pressing. At the same time, it wishes to point out that a great many seniors can realize very real benefits if some of the seemingly more straightforward recommendations made here (e.g., those relating to community-institutional relationships or to the availability of housing options) are acted upon.

Further, it should be noted that the various recommendations do not imply responses that are identical in scope. In some cases (e.g., in the case of non-medical support programs), the best way of responding is clear, and the actions recommended by the Task Force can have obvious results in the short term. In other cases (e.g., when it comes to promoting wellness or dealing with the problem of drug and alcohol abuse) many of the benefits to be realized by acting on Task Force recommendations are likely to be long-term, yet these benefits, in the view of the Task Force, will ultimately outweigh the short-term costs associated with implementing the recommendations. In still other cases (e.g., when it comes to improving services in northern and rural communities), the desirable long-term solutions to present difficulties are quite different from the most effective short-term solutions, and the Task Force realizes that much detailed planning needs to be done to develop a concerted response that will work now and over the long term.

# TOWARD HEALTH AND WELLNESS

Submissions to the Task Force confirmed that health security and wellness are primary concerns of seniors. In this regard, the Task Force identified nine key issues of particular concern:

- awareness of healthy lifestyles and the value of wellness
- drug and alcohol abuse
- terminal and chronic illness
- availability of non-medical support programs
- availability of health care services (medical and non-medical) in northern and rural areas
- standards of psychogeriatric care
- changing levels of care required by individuals
- underdeveloped community-institutional relationships
- access to special benefits.

“The Government must look to the seniors’ needs, as a longer lifespan is getting to be the norm, and health care costs must remain at a reasonable rate for all people.”

PENTICTON PUBLIC FORUM

## Awareness of Healthy Lifestyles and the Value of Wellness

Seniors, like adults of all ages, have the right to choose how they will live their lives. Individuals also have a responsibility to maintain their own well-being, although the Task Force recognizes that some adopt activities that could be considered unhealthy. Since health-enhancing practices are established early in life, promotion of lifelong commitments to wellness and prevention from childhood will have a positive impact on the health of our future population of seniors.

Specifically, the subject of wellness was raised frequently. Wellness refers to a comprehensive approach to health, encompassing the mind, body, and spirit of people in harmony with their social and physical environment. The “Choosing Wellness” program, currently sponsored by the Ministry of Health, is an excellent example of an effective approach to applying the wellness concept at the community level.

One aspect of health maintenance of particular relevance for seniors is nutrition. Many seniors, especially those who live alone, do not have optimum diets. It is difficult to be enthusiastic about preparing a well-balanced meal for oneself every day, and it is easier sometimes to eat “fast foods.” The ready availability of a variety of meal services in the community is one effective way of addressing this problem.

Meals-on-Wheels programs are supported by the Continuing Care Division of the Ministry of Health. Many community seniors' organizations also provide meal services in the form of hot lunches or through outreach services, such as the "Wheels-to-Meals" program. Under this program, volunteer drivers bring seniors to a central location to eat so that they can have at least one nutritious meal a day, while special meals are prepared on festive occasions such as Thanksgiving or Christmas. The Task Force visited a number of facilities where seniors living in a surrounding community could share and enjoy a hot meal in a pleasant setting. These occasions are important for both their nutritional and social value.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***continues to encourage wellness among seniors by***
  - ***more actively encouraging health professionals and others involved in the delivery of health care to support and promote the adoption of healthy lifestyles***
  - ***continuing to support effective, well-run programs that promote the concept of wellness (e.g., the Choosing Wellness Program)***
  - ***supporting the establishment of additional wellness programs throughout the province***
  - ***improving access for seniors to nutritional meal services that take account of the social importance of shared meals.***

“The Canadian health care system experiences considerable discomfort, and some people suggest that we must shift our emphasis from high tech, hospital-based care to low tech, home-based care.”

150 MILE HOUSE, WRITTEN SUBMISSION

### **Drug and Alcohol Abuse**

Drug and alcohol abuse among seniors is surfacing as a major problem in the community. The loneliness, loss, and grief that seniors frequently experience contribute to the problem of abuse. There is also a greater recognition of the potential for misuse of medications by seniors. When combinations of prescription drugs, over-the-counter drugs, and/or alcohol are consumed, the probability of adverse drug reactions is increased. The Seniors' Drug Action Program, coordinated by the Ministry of Health and with funding from the Ministry of Labour and Consumer Services, provides a variety of educational resources to both elderly consumers and health care professionals to promote a more appropriate use of medication. The Task Force supports innovative programs of this sort.

*Therefore, the Task Force recommends that the Province of British Columbia:*

- *continues to support programs that provide services to seniors with drug and alcohol problems (e.g., the Seniors' Drug Action Program).*
- *continues to support research and educational programs for professionals working with drug and alcohol related problems.*

### **Terminal and Chronic Illness**

The issue of death with dignity was raised a number of times. Palliative care and hospice programs are seen as approaches for terminally ill patients which can help the individual, as well as loved ones and other caregivers, prepare for death. However, this kind of care requires special people with patience and empathy. While some patients may require the extra medical care available in hospitals, many have expressed the desire to die in the more familiar surroundings of their own homes. Sometimes this option is available but, too often, there are not enough people or programs to support such a choice.

*Therefore, the Task Force recommends that the Province of British Columbia:*

- *improves support for palliative care and hospice programs, in order to ensure more uniform access to these services throughout the province.*

### **Availability of Non-Medical Support Programs**

Many presentations made to the Task Force identified the importance of non-medical support programs for seniors living independently. Meals-on-Wheels was cited previously in this report as an example of the kind of support program that benefits many seniors. Other programs identified as desirable by presenters included a wide range of activity programs and a variety of "handyman" services.

The important role for Home Support Services throughout the province was also emphasized in support of seniors who choose to live in their own homes and communities. Despite some of the past difficulties that have affected the delivery of home support services, the Task Force fully endorses the recent efforts by Government to give a higher profile to these programs. Given the recent increases in homemaker wages and benefits that have occurred thanks to additional funding from the Provincial Government, it is expected that there will be improved standards of home support. Presenters stressed the direct relationship between the availability of home support services and the ability of many individuals to maintain their independence. There was general agreement among presenters that the most effective non-medical support programs aimed at reinforcing the independence of seniors tended to be those that are community based.

The Task Force also recognizes that family members and/or close friends play an important role in caring for many seniors who are unable to care for themselves due to health problems. The Task Force applauds the contributions of individuals and communities in undertaking the primary responsibility for the care of their seniors. Individuals and families throughout the province have indicated a consistent willingness to participate in providing care for family members or close friends who are unable to care for themselves.

Informal care has traditionally been provided by women. However, the increase in the number of single families, two-income families, and career-oriented women has restricted the availability of these traditional caregivers. People making presentations to the Task Force frequently told of situations in which little or no support existed to provide relief from the constant pressures of filling the role of primary caregiver for a relative or close friend in need.

Adult Day Care Programs were frequently mentioned as an effective way of providing regular relief to informal caregivers. Programs of this nature benefit both the caregiver and the person receiving care. At present, a limited number of Adult Day Care Programs exist throughout the province, and standards of delivery within these programs tend to be inconsistent.

On reviewing feedback provided to the Task Force, and following visits to a number of Adult Day Care Programs, we are convinced of the potential that programs of this nature have in providing relief to caregivers as well as a wide range of benefits to elderly persons who participate in these programs.

Respite programs are another frequently cited means of providing support to informal caregivers. Again, however, the availability of such programs is limited in many parts of the province. We believe that respite programs have an important role to play in easing the pressure of providing care and supporting maintenance of the elderly person outside of an institutional setting.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***continues to increase its funding to home support agencies for the provision of increased service hours.***
- ***provides appropriate programs to ensure the training of qualified home support workers.***
- ***ensures that existing Adult Day Care Programs for seniors are appropriately funded, help establish new community-based programs, and consider integrating Adult Day Care Programs into community-based settings, such as recreational centres.***
- ***supports the expansion of community-based respite/relief programs that assist the informal caregiver.***

### **Availability of Health Care Services (Medical and Non-Medical) in Northern and Rural Areas**

A large discrepancy exists throughout the province with respect to the availability of care services in general, and community-based options in particular. Although there is a shortage of certain health care providers in community facilities and hospitals across the province, the effects seem to be more pronounced in small and rural communities. This is of particular importance for those who must travel great distances, at their own expense, to seek treatment because there are no care alternatives in their own communities.

There exist a variety of possible ways to address the limited availability of personnel and facilities in northern and rural areas. One approach, well-suited to the needs of seniors who live independently, is to provide a multidisciplinary team of travelling professionals which perform outreach services. In this way, special services may be extended to seniors within their own communities. The Geriatric Psychiatry Outreach Program is an example of a program which is increasing the local ability of rural communities to serve seniors.

A second approach, suited to the needs of those who are unable to live alone, is to support the efforts of communities or community-based groups to provide alternatives to facility-based care. Alternatives may include Family Care Homes, which allow up to two persons to live in a supportive, home-like environment. This has the potential to eliminate the need for seniors living in the north or in rural areas to move away from their communities in order to find the kind of care they need.

A third approach, suited to the needs of people who require very specialized medical care, is to further facilitate the ability of individuals in small northern or rural communities to seek diagnosis and treatment in larger urban centres. Travel is difficult in many parts of the province. This is particularly true in the winter months when weather conditions may cause delays of both land and air travel. Travelling by road may be long and uncomfortable and, for many seniors, may require that someone else be available to drive. Meals and accommodation required on the road and during the treatment time period represent additional costs. Air travel is even more expensive, and one does not often have enough advance notice to book at excursion rates.

While the Medical Services Plan pays for the cost of treatments and necessary medications, all other associated costs must be borne by the patients and their families. The Ministry of Social Services and Housing provides some help for those whose financial situation meets the needs criteria. However, these additional costs may still be too heavy a burden for those others who do not meet the present eligibility criteria.

Yet another approach, providing a more long-term and permanent solution to the problem of limited service availability in northern and rural communities would be to encourage professional staff, such as medical specialists, physiotherapists, nurses, nutritionists, occupational therapists, and audiologists to work in those areas. One way of accomplishing this is to train them there if at all feasible. Increasing the availability of practicums and internships would help students and new graduates obtain the required hands-on experience they need and would expose them to the local communities and peoples. The more opportunities there are to expose professionals to life in these communities, the greater the chances that they will choose to settle there when looking for employment opportunities. There should also be more ongoing educational programs to train these professionals, perhaps through the use of distance learning programs.

Given the differing needs to be met and the desirability of keeping a wide variety of health care options open to seniors, a combination of the approaches identified here would best address the problems associated with the availability of health care services in northern and rural communities.

**Therefore, the Task Force recommends that the Province of British Columbia:**

- ***supports the development of additional outreach programs, such as the Geriatric Psychiatry Outreach Program, as a means of addressing the dual issues of professional manpower shortages and the lack of local care alternatives in northern and rural communities, and/or***
- ***provides expanded support for innovative alternatives to facility care (e.g., family care and group homes), particularly in smaller communities, so that clients eligible for residential care need not move from their home communities, and/or***
- ***makes it easier for individuals to travel from more remote areas of the province to centres where necessary medical care may be obtained, and/or***
- ***encourages universities, colleges, hospitals, and community facilities to provide practicums and internship options for health practitioners and students in the more remote areas of the province, and/or***
- ***further promotes outreach education programs for health care professionals and community care workers in more remote locations.***

## **Standards of Psychogeriatric Care**

The current provision of psychogeriatric care (e.g., for patients with Alzheimer's disease) is an issue that arouses strong emotions. Task Force visits to facilities and experiences related by concerned individuals confirmed that a consistent approach to providing appropriate psychogeriatric care was lacking. Neither the need for additional research nor, more importantly, the need for development of appropriate treatment programs in this area have been adequately addressed by the health care community and the various levels of government involved. A high priority must be placed on improving the living and care environment of patients.

While the Task Force recognized the sincere desire on the part of health care professionals within the province to provide a high level of care to seniors, it also identified a need for additional and expanded training programs, particularly in the area of psychogeriatric care. A better overall understanding of seniors' special care needs would also contribute to a more consistent level of care for those suffering from these illnesses. Professionals in a variety of specialized health care fields would benefit from acquiring this understanding. The educational needs of established caregivers in rural or isolated communities also need to be met.

As well, there is a role for the public at large to recognize the importance of improving the standards of psychogeriatric care. We are all responsible for supporting the efforts of Government and of professionals in the fields of health care, research, and education to bring about changes in this area.

*Therefore, the Task Force recommends that the Province of British Columbia:*

- *works with the Federal Government to institute measures to improve psychogeriatric care by maintaining their support for related research programs.*
- *assumes leadership in the development of appropriate models of psychogeriatric patient care, which recognize the importance of maintaining an individual's dignity.*
- *supports the expansion of educational programs that will enable staff in care facilities, and "informal" community caregivers, to enhance their knowledge and skills related to the care of psychogeriatric patients.*
- *accelerates discussions with the province's universities and colleges in support of expanding and improving the education of specialists in the area of psychogeriatric care.*

## **Changing Levels of Care Required by Individuals**

An important issue related to facility care is the potential for individuals to move as their level of care requirements change. For example, a number of presenters told the Task Force about the anxiety generated for husbands, wives, and families faced with the possibility of physical separation after years of living together.

Greater flexibility of use within existing facilities represents the best response to this problem. Multi-level facilities, for example, can combine supportive apartment living, intermediate care, and extended care in connecting buildings or on the same grounds. If multiple care levels can be provided within a single facility, the patient is not required to move even when those care levels change.

A limited number of existing facilities may lend themselves to modifications to create such a multi-level environment, and opportunities to do this in smaller, rural communities are few. Therefore, special considerations may need to be given to determining other options to address this issue.

*Therefore, the Task Force recommends that the Province of British Columbia:*

- *encourages the ongoing planning and development throughout the province of multi-level health care facilities that are designed to minimize the need for individuals to be relocated when their care levels change.*
- *as an interim measure, supports moves within the health care system to minimize the disruption of services to individuals whose care requirements change.*

## **Underdeveloped Community-Institutional Relationships**

Recognizing the need for enhanced community-based health care options, the Task Force also noted that there is a wealth of resources available in existing community facilities such as hospitals. These facilities and other community agencies should consequently be encouraged to work more closely together. There may be space and resources which could be shared, for example, in the provision of Adult Day Care Programs. The Hospital/Community Partnership Program of the Ministry of Health represents a starting point and could become the model of an effective working relationship between hospitals and community agencies. The Victoria Health Project also provides an excellent example of how closer community/hospital relations can be achieved.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***continues to support incentive programs, such as the Hospital/Community Partnership Program, to encourage institutions to work together with community agencies in the provision of health services and programs for seniors.***

### **Access to Special Benefits**

Whenever the issue of providing special benefits to seniors was raised, those making presentations to the Task Force stressed the importance of ensuring that individuals be able to maintain a positive self-image while receiving such benefits. Any Government action designed to alleviate the real difficulties that some seniors face in paying for specific health care treatments and aids (e.g., the costs of dental care, eyeglasses, and hearing devices) should also be designed to avoid eroding the recipient's sense of personal independence.

At present, the costs of dental care, eyeglasses, and hearing aids are not covered by the British Columbia Medical Services Plan, although certain individuals may receive partial assistance from the Ministry of Social Services and Housing. There remains, however, a significant need for access to this type of support among people whose incomes are just above the eligibility levels set by the Ministry of Social Services and Housing. In addressing this need, Government could consider encouragements to the private insurance industry to expand universally available extended health care benefits. Premiums for seniors might be subsidized and a co-payment program established, based on the ability of the individual to pay.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***works with the private sector to improve seniors' access to such medical benefits as eyeglasses, dental care, hearing aids, and various other aids that enhance independent living.***

# TOWARD FINANCIAL SECURITY

For most seniors, concern about financial security ranks second only to the concern about health. Certainly, the importance of financial security cannot be overstated. Without adequate finances, individuals are less likely to enjoy appropriate nutrition, housing, transportation, and recreation. Stress stemming from financial problems may also affect mental and physical health.

With respect to financial security, the Task Force identified three issues of concern for seniors:

- adequacy of retirement income
- pension restrictions
- awareness of post-retirement financial options.

## **Adequacy of Retirement Income**

Many retired seniors must adjust their lifestyles to live within the limits established by savings and pension incomes. For some, however, pension incomes or savings are non-existent or completely inadequate to meet living requirements. This means that these seniors could be living at or below the poverty line. Such may be the case for:

- those who retire early for reasons beyond their control and, while not yet eligible for pension benefits, also do not meet the age or other requirements for most existing financial assistance programs.
- many elderly women, particularly those who have never been employed or those who worked only for low wages and thus had limited or no opportunity to save or to contribute to any pension plan.

“The reality is that most seniors are neither poor nor rich. Most are somewhere in between.”

VERNON PUBLIC FORUM

- those who have not had the opportunity to participate in a specific pension plan for a long enough period to establish an adequate retirement income.

Because independence represents a fundamental need for seniors, and because income security is perhaps the key supporting element for this independence, the Task Force feels it is important to address the needs of all seniors, and particularly those in the situations described above, for income stability and continuity of financial support.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***cooperates with the Federal and other Provincial Governments to explore the possibility of providing an expanded system of retirement income that guarantees a reasonable annual income for retired seniors.***
- ***as an interim measure, reviews the eligibility criteria for financial assistance with a view to making changes that would ensure financial security for many seniors currently without adequate means.***

### **Pension Restrictions**

With respect to the situation of seniors who currently rely on pension income or expect to shortly, the Task Force identified the following problems:

- inadequate portability of existing pension plans
- inadequate provision for survivor benefits in existing pension plans
- inadequate vesting provisions in existing pension plans (there exists in many cases, a gap between the end of an individual's employment and beginning of his or her eligibility for pension benefits)
- the fact that existing pensions are being eroded by inflation in the absence of adequate indexing provisions
- the failure of many pension eligibility requirements and benefit levels to take account of the special situation of elderly women.

“Means tests’ of any description — ‘income tests,’ ‘needs tests’ — are degrading to seniors, whose only crime it seems sometimes is to live long enough that their pensions do not keep up with current wage increases.”

100 MILE HOUSE, WRITTEN SUBMISSION

The Task Force recognizes that responsibility for pension legislation falls under the jurisdiction of both the Federal and Provincial Governments, with the Province providing supplemental programs to ensure an adequate level of financial security. However, there is a need to address the inadequacy of current pensions and pension levels and the problems identified by those who made presentations to the Task Force. Clearly, overall pension reforms are needed if pensions are expected to sustain the income of seniors after retirement.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***cooperates with the Federal Government, other Provincial governments, and the private sector to initiate comprehensive pension reforms with specific attention to such features as earlier vesting, portability, eligibility, indexing, and survivor benefits.***

## **Awareness of Post-Retirement Financial Options**

In the course of its hearings, the Task Force found that there exists a need to improve access to information related to financial planning and pre-retirement education, particularly for those persons who are at an age when it can be applied constructively. The private sector already provides a wide variety of these kinds of services, but seniors suggest that Government take a more direct role in order to ensure greater neutrality and protection of their savings.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***cooperates with the Federal Government and the private sector to further encourage working people to start saving and planning for retirement as early in life as possible (e.g., the incentives associated with Registered Retirement Savings Plans should be maintained, a variety of other incentives should be developed, and public awareness should be enhanced through increased education and communication).***

# TOWARD CHOICE IN HOUSING

On the subject of housing, participants voiced concerns with respect to:

- availability of housing options
- financial difficulties faced by seniors wishing to remain in their own homes
- accessibility standards for construction of new housing.

“We all gain when we ensure our seniors have adequate housing and take part in a healthy, open society.”

VANCOUVER PUBLIC FORUM

## Availability of Housing Options

Seniors are a diverse group with varying life experiences, interests, resources, and needs. Indeed, the various types of living arrangements that seniors have in British Columbia today reflect this diversity:

- residence in segregated communities with the security of walls, guards, and alarm systems
- continued residence in the houses where they raised their families
- living as part of a community or group (i.e., congregate living arrangements, possibly involving individuals of a variety of ages)
- residence in an apartment, granny flat, condominium, single-family home, or mobile home park

- sharing accommodation with family members or with people whose interests or needs complement theirs
- living alone
- living in sheltered housing.

Many seniors, while not necessarily wanting to remain in the same houses for the rest of their lives, prefer to stay in their own communities. Generally, they desire housing that enables them to maintain contact with a supportive community, while allowing them to remain as independent as possible. For many, however, the two biggest obstacles to obtaining what they seek are availability and affordability.

Those who live in rural and small communities, for instance, simply do not have the range of housing available in larger centres. Even in small communities, affordability can be a problem and social housing is often not available.

In the larger urban centres, the situation is somewhat different. The present real estate situation in areas such as Greater Vancouver offers little incentive for developers in high-priced areas to provide alternative, affordable housing options for seniors and others. Land in these areas, already close to services, is too expensive for low-cost housing. With particular respect to the rental housing market, there was widespread agreement among participants that Government has a role to play in monitoring the availability of rental housing and in maintaining effective mechanisms to ensure fairness for tenants.

*Given this situation, the Task Force recommends that the Province of British Columbia:*

- *facilitates the construction and establishment of more "supportive housing" options throughout the province, especially where such housing does not presently exist.*
- *assists Municipal and Regional Governments to establish local land banks and create greater incentives for the private sector to build affordable housing located close to community services, as a way of expanding the available housing options for seniors in their home communities throughout the province.*

### **Financial Difficulties Faced by Seniors Wishing to Remain in Their Own Homes**

Some seniors who own their homes live on low, fixed incomes and are "house rich but cash poor," with their lives restricted by their inability to access the equity locked into their houses.

The Provincial Government's Land Tax Deferment Program allows seniors, while they are living in their own homes, to use for other purposes, the money they would have had to pay on their property taxes. The private sector offers home equity conversion mortgage programs which pay homeowners an annuity based on the value of the house and property, while they live in it. In these arrangements, accumulated taxes and mortgage loans must be paid, although on a deferred basis, usually from the assets to be realized upon sale of the house. The Task

“ If I had to list the one overriding fear that residents have who live in a facility they have made their home, it is the fear of having to leave because of the deterioration of their health, which makes them no longer eligible to stay where they are. It is thus not only traumatic for those that have to leave on account of a changed assessment, it is the fear of those that stay behind that they might experience a similar fate. This fear seems far more pronounced than the fear of having to die. ”

RICHMOND PUBLIC FORUM

Force supports continuance and further development of these Government and private-sector programs, which offer seniors a higher level of independence during their lifetimes.

Another situation of concern arises when seniors can no longer live safely in their own homes without some adaptations such as wheelchair ramps, improved lighting, or bathtub and toilet handrails. Although there are a number of Provincial and Federal housing assistance programs to assist seniors in these needs, the eligibility requirements for these programs differ. In addition, help is available for a limited range of adaptations and maintenance services.

Further, some seniors are experiencing changing conditions associated with living in mobile home parks. Concerns regarding their tax status and rental increases are affecting the ability of some of the individuals to remain in their mobile home. The Task Force understands that the Mobile Home Task Force, established under the jurisdiction of the Ministry of Labour and Consumer Services, has investigated these concerns.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***takes steps in conjunction with the Federal Government to promote a greater awareness among seniors of existing tax deferment and housing assistance programs.***

## **Accessibility Standards for Construction of New Housing**

Some handicapped seniors require special housing adaptations to accommodate their physical limitations. At present, conformity to the accessibility requirements of the building code is required only for public buildings. The Task Force understands that the Premier's Awards for Excellence in Design Panel has printed a booklet listing access guidelines to be used by developers. The architectural design and construction industries need to be informed of such resources and encouraged to provide special, affordable housing design options for the requirements of particular residents, such as seniors. Only in this way will there be as great a variety of housing options available to handicapped seniors as to others.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***works with Governments at all levels to encourage the architectural and construction sectors to consider the special needs of seniors in their design and development activities.***

# TOWARD TRANSPORTATION ACCESS

Access to transportation, particularly public transportation, is especially important to seniors. It is closely linked to the maintenance of independence, an important social component in the lives of seniors. The ability to get around in the community without having to rely on a friend, neighbour, or family member to drive is an important contributor to a sense of independence.

With respect to transportation, British Columbians identified three areas of concern:

- transit in smaller communities
- the availability of customized transit vehicles
- the scope and coverage of handyDART services.

## **Transit in Smaller Communities**

Seniors living in towns and smaller cities encounter more transportation problems than those living in larger centres. While services such as banks, shops, medical offices, recreational or social facilities, and churches may not seem far apart for someone driving a car, they may be inaccessible to someone who has difficulty walking. This may be particularly true when residential areas are located outside the centre of town, where these services may be situated.

Unfortunately, in many small, remote communities, it is not financially feasible for municipalities or regional governments to provide public transportation systems. There is not enough use to warrant the cost of maintaining buses and drivers full-time, and it is even less efficient to run full-sized buses on a part-time basis.

Presenters suggested several approaches to address the specific needs of smaller

communities without conventional transit services:

- the use of subsidized taxi services and converted taxis for those who are wheelchair bound
- the use of vans driven by volunteer or paid drivers
- the use of school buses when not needed to transport school children.

“Although convinced that reliable transportation is an important aspect of...Toward a Better Age for Seniors [Discussion Paper], we are having difficulty convincing Government and their agencies that our type of smaller community transportation requires or warrants their support.”

SMITHERS PUBLIC FORUM

Where conventional public transit systems exist, they generally operate on a limited time schedule, catering primarily to students and working segments of the population, and are unavailable on Sundays or past 6:30 p.m. on weekdays. As well, the location of bus stops may not take into account the travel patterns of passengers.

Even seniors who can drive find night driving difficult, making participation during the evening in recreational or social activities impossible if there is no one able to drive them. In winter months, northern communities are particularly plagued with snow and ice on roads and driveways making it that much more difficult for seniors to drive.

**Therefore, the Task Force recommends that the Province of British Columbia:**

- **encourages BC Transit, together with local authorities, to institute measures, where feasible, to extend the accessibility, availability and hours of transit services in smaller British Columbia communities.**
- **along with BC Transit, considers alternate forms of transit (e.g., subsidized taxi services and shared arrangements with local school boards for school buses) for seniors living in smaller towns and rural communities where extended conventional transit servicing is not feasible.**

### **The Availability of Customized Transit Vehicles**

Custom-built transit is available only in large municipalities. Some new or converted buses are capable of "kneeling" to make it easier for passengers with special needs to get on and off the bus. Also, BC Transit is conducting a vehicle replacement program of buses with this special capability.

**Therefore, the Task Force recommends that the Province of British Columbia:**

- **encourages BC Transit and local authorities to set a priority on significantly accelerating the bus replacement program, in order to extend the availability of custom bus services that are more accessible for seniors.**

### **The Scope and Coverage of HandyDART Services**

HandyDART service is available in larger British Columbia municipalities where conventional transit is also in place. This service has become so popular that it is booked days in advance. This demand has necessitated establishing priority for medical, work, and educational purposes. The Task Force was repeatedly urged to suggest that HandyDART services be expanded to accommodate more requests for transportation of a social or recreational nature.

**Therefore, the Task Force recommends that the Province of British Columbia:**

- **expands the current handyDART service, in order to increase availability of the service to seniors and enable them to make more use of it for attending social and recreational events.**

# TOWARD PERSONAL SECURITY

Access to a safe and supportive living environment is important to everyone, and seniors are no exception. The Task Force identified four personal security issues of particular concern to seniors:

- elder abuse
- difficulties in managing personal affairs
- crime
- the legal and ethical issues associated with dying.

## Elder Abuse

Elder abuse is difficult to identify as it has not been as well documented as other forms of family violence such as child abuse or spousal assault. Evidence of this problem was brought to the Task Force by concerned friends, relatives, and professionals who recounted stories of physical violence, financial greed, and emotional entrapment. Elder abuse is present in small and large communities, in families of various ethnic backgrounds, and in private homes as well as in care facilities. There are no shelters for seniors of the sort that exist for abused women and children. Physicians are not required to report their suspicions of abuse as they must for battered children.

The Task Force has, therefore, identified the need for a greater awareness of the overall problem of abuse, regardless of age or gender. The recently established British Columbia Institute on Family Violence, a non-profit society, will be developing a coordinated approach to the prevention, investigation, assessment, and treatment of family violence. In addition, public education on issues of family violence, with attention to the problems faced by the elderly will be undertaken by the Institute.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***establishes a comprehensive program, in conjunction with the British Columbia Institute on Family Violence, to address the overall problem of family violence and abuse with particular reference to the problem of elder abuse.***

## Difficulties in Managing Personal Affairs

Assistance is needed for those who can no longer manage nor make decisions regarding certain aspects of their lives.

Guardianship, presently performed in this Province by the Office of the Public Trustee, provides assistance primarily in managing financial and legal affairs. However, the Task Force found that too few people know about the availability of this service and that there are many misconceptions about the role of the Office of the Public Trustee and the kinds of services that it provides.

The Office of the Public Trustee has recently announced a program initiative that will make the system more accessible, understandable, and affordable in all regions of the Province. In light of this initiative, all public information materials are being reviewed.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***continues to support the efforts of the Office of the Public Trustee to become more accessible to the seniors of the province.***

## Crime

Crimes against individuals may involve fraud, theft, burglary, or other offenses. Seniors seem to be a popular target for criminals, perhaps because they can be too trusting, are physically vulnerable, and often live alone.

“A country is judged by the way it treats its elderly.”

VANCOUVER PUBLIC FORUM

At present, crime prevention programs are provided through local municipalities and police. As well, legal education programs teach them their rights. The Ministry of Solicitor General provides pamphlets containing such information, and the Law Society of British Columbia provides free public lectures. More information needs to be made available, however, since seniors are best able to protect themselves by being informed and alert to potential problems.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***by providing programs and information related to legal education and crime prevention that are tailored to the needs of seniors, continues to address the need for increased public awareness of crime and what citizens can do about it.***

## The Legal and Ethical Issues Associated with Dying

Concern over the legal and ethical issues associated with illness and dying were identified to the Task Force. Major issues are living wills and “death with dignity.” While some people are not comfortable with the prospect of their own death, others want to prepare themselves for that eventuality. Many seniors expressed a desire for a mechanism that would enable them to exert some control over the manner of their dying, should they be near death and no longer mentally or physically capable of expressing themselves or determining the course of events.

The underlying concept for living wills — that competent persons have the right to refuse treatment or to insist that treatment be discontinued — is widely accepted and is well documented by the use of Consent for Treatment Forms. There is no legislation in Canada to make living wills a binding document. However, there is also no current legislation that prevents an individual from writing a living will. Introduction of the proposed *Health Care (Consent) Act* would establish a mechanism for providing substitute consent to the provision of therapeutic health care for a person who is incapable of consenting. It would also allow the patient, while still competent, to designate another person to make treatment decisions on the patient's behalf.

In connection with the legal and ethical issues related to dying, indications are that members of the public tend to be unaware of the options available to them. Individuals facing a decision pertaining to living wills require up-to-date, accurate information and solid, practical advice (e.g., to make family members and physician aware of one's wishes, so those wishes can be carried out with fewer complications, should it become appropriate to invoke the living will). This will help many people to settle their affairs.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***introduces consent to treatment legislation and, at the same time, make information available to better inform the public about the legal and ethical issues associated with dying.***

# TOWARD SOCIAL AND PERSONAL FULFILLMENT

Ongoing social participation and personal fulfillment is paramount for seniors. This was strongly displayed by the spirit and enthusiasm with which many senior British Columbians came forward to present their thoughts and feelings to the Task Force. Many of these people were proud of their past achievements and displayed eagerness to meet future challenges.

British Columbians identified three main issues with respect to social and personal fulfillment:

- attitudes toward aging
- awareness of volunteer activity
- access to recreational, cultural, and educational opportunities.

“An elder is a person who is still developing, still growing, still a learner, still with potential, whose life continues to have within it promise for and connections to the future.”

PENTICTON PUBLIC FORUM

## Attitudes Toward Aging

Aging is a natural progression in life-span development. In addressing the concerns of seniors, society must focus on the real condition of individuals rather than age itself, in order to avoid unintentionally reinforcing some negative myths that surround growing old.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***develops a public education campaign that will promote positive attitudes toward aging.***

Mandatory retirement makes a significant contribution to negative perceptions. People whose identities are closely tied to their jobs sometimes find that, at age 65, their self-image can change dramatically. All of a sudden, it can become difficult for them to find meaningful ways to use their skills, knowledge, and experience.

The Task Force received a number of comments from individuals throughout British Columbia who were concerned about mandatory retirement. The Task Force views mandatory retirement to be contrary to the fundamental rights of the individual, but at the same time recognizes that this issue is beyond the scope of the Provincial Government. The subject is presently at issue, and the Task Force hopes that the issue will soon be clarified by the Supreme Court of Canada.

## Awareness of Volunteer Activity

Volunteer activity was frequently mentioned as a significant, but largely untapped means of providing social and personal fulfillment for seniors. Volunteer activity also has an exciting potential for contributing to the community. A number of dynamic volunteer programs and initiatives exist across the province that make it possible for seniors to participate in a meaningful way.

While most volunteer programs are community-based, as is appropriate, the Provincial Government can serve as a catalyst in encouraging the sound development of these programs. To demonstrate society's interest in the activities of volunteers and to raise the profile of the senior volunteer in local communities, a provincial system of volunteer recognition can be developed.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***explores and fosters opportunities for meaningful volunteer participation by seniors in Provincial Government programs and within community volunteer initiatives.***
- ***encourages volunteer participation by seniors by establishing a provincial volunteer recognition program that recognizes the contributions of seniors and of those organizations that promote the participation of seniors.***
- ***through the offices of the Lieutenant-Governor, sponsors an awards program for senior volunteers and for organizations that encourage participation by seniors.***

### **Access to Recreational, Social, and Cultural Opportunities**

Acknowledging the contributions of seniors to our way of life, many public, private, and volunteer interests offer special opportunities for seniors to participate in recreational, cultural, educational, and travel experiences. This is accommodated through such initiatives and adjustments as reduced/suspended rates or charges, tailored programs, special events, excursions, transportation, facilities access, and volunteer involvement opportunities.

“Seniors should find that retirement is the beginning of the best years of their lives. The point of this testimony is to say to Government, let's make it so!”

BURNABY PUBLIC FORUM

The Task Force applauds these actions and encourages continuation and expansion of such positive initiatives for seniors. We note that many sponsors respond to the time flexibility of seniors by scheduling participation at non-peak demand times. Many also recognize the benefits of having seniors involved to enrich experiences for other participants, such as seniors' attendance in regular educational classes or volunteer participation with regular employees in work activities.

Forecasting the future has always been difficult, but we believe it can be said with certainty that many of our seniors will continue to feel a sense of isolation and loneliness. To some extent, demands on the health care system may reflect the sense of limited self-worth that accompany the feelings of isolation and loneliness. Indeed, nothing does as much as a feeling of positive self-worth to ensure an individual's emotional, physical, and social well-being.

In particular, we believe that easy access to community recreation programs will assist in building the positive self-image we all strive for. As well, community libraries contribute in a positive way to the social and intellectual health of our seniors, and access to these services is free.

Seniors themselves can identify and sponsor activities uniquely designed for seniors. The British Columbia Seniors Games is an example of an initiative through which seniors can experience fun and fulfillment, one which the Province should continue to support.

***Therefore, the Task Force recommends that the Province of British Columbia:***

- ***encourages and profiles specific efforts on the part of public sector organizations, businesses, and volunteer agencies to undertake activities that enhance the individual self-fulfillment of seniors and their enjoyment of life.***
- ***introduces a pilot project in which cultural and recreational organizations are remunerated by the Province when they admit seniors who present their Gold CareCard free of charge to programs and facilities.***

## AFTERWORD

The unanimous recommendations outlined in this report offer solutions to the difficulties that seniors face today and create the foundation for a better tomorrow. The concerns of our seniors should, and eventually will, be of concern for each and every British Columbian. Consequently, the challenge of creating a better age for seniors is one we all share. With the cooperation and goodwill of all British Columbians, that challenge can be met!



## **APPENDICES**



# APPENDIX A

## Task Force Members and Support Staff

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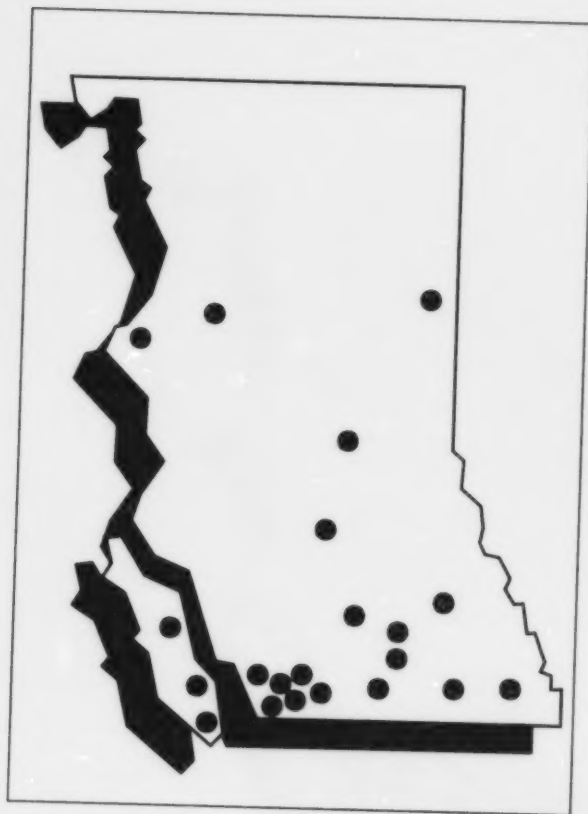
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## APPENDIX B

### Listing of Public Forums and Contributors

The Task Force would like to acknowledge the contributions of the individuals who attended the *Toward a Better Age* public meetings and, in particular, those persons not listed in this Appendix, who nonetheless presented their thoughts and concerns to us. Their verbal presentations have served as a source for the various uncited quotations provided throughout the report.



#### Communities Visited

May 8, 1989: White Rock  
May 10, 1989: Prince George  
May 11, 1989: Fort St. John  
May 16, 1989: Prince Rupert  
May 17, 1989: Smithers  
May 19, 1989: Abbotsford  
May 23, 1989: Nelson  
May 24, 1989: Cranbrook  
May 26, 1989: North Vancouver  
May 29, 1989: Penticton  
May 31, 1989: Kelowna  
June 2, 1989: Burnaby  
June 5, 1989: Richmond  
June 7, 1989: Kamloops  
June 8, 1989: Williams Lake  
June 12, 1989: Vernon  
June 14, 1989: Revelstoke  
June 16, 1989: Vancouver  
June 19, 1989: Courtenay  
June 21, 1989: Nanaimo  
June 22, 1989: Victoria

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The Corporation of the Village of  
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 Alan Benson, Clerk-Treasurer

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| Critical Issues Group<br>Betsy McDonald - Contact Person                                                                                                           | Fernwood Seniors Autumn Glow Society<br>Mrs. Marion Bruce, President<br>Mrs. Ula Sherman, Vice President                 |
| Critical Issues Group<br>Kay Edwards<br>(Vancouver)                                                                                                                | First Seniors Resources & Research Society                                                                               |
| Denturists Society of B.C.<br>David DuGuay                                                                                                                         | Fort St. John Local & District Council of<br>Women<br>Winnis Baker, President                                            |
| The Diocese of New Westminster<br>K. D. Turnham, Coordinator, Ministry on<br>Aging                                                                                 | The 411 Seniors' Centre Society<br>Allen Spaulding<br>(Vancouver)                                                        |
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| District of Kitimat<br>Barbara Neraasen, Chief Cashier Clerk,<br>Riverlodge Recreation                                                                             | Gardens Unlimited<br>Paul Allison                                                                                        |
| Douglas College<br>Therapeutic Recreation Program                                                                                                                  | GCS (The Generation Connection Society)                                                                                  |
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| Prince George Regional Hospital          | Hornby Island New Horizons Society         |
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| Government of Canada                     | Hospice, Trail & District Palliative Care  |
| National Advisory Council on Aging       | Programme                                  |
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| Committee                                | L.P. Cockrell, 1st Vice President          |
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 Mrs. Evelyn Harrington – Victoria  
 Mrs. J. (Jean) Harrop – Penticton  
 Pamela Havens – Quesnel  
 Sybil M. Hearn-Smith – Victoria  
 Mrs. Mary Heinrich – Sidney  
 Dr. Bob Henderson  
 Doug Hengel – Campbell River  
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 Katharine Hutton – Victoria  
 Mildred Inglis – Armstrong  
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 R.N./P.J. &  
 Elaine McPherson, R.N./P.J. – White Rock

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 Rick Janzen, Mayor – Cranbrook  
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 Jean Kool – Peachland  
 Helen Kuhn – Quesnel  
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 Mabel Marbel – Burnaby  
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 Eric D. McIntosh – White Rock  
 Blanche I. F. McIvor – Vancouver

- Mavis C. McQuillan – Courtenay  
 George McWilliam – Courtenay  
 George Kerr McWilliam – Port Alberni  
 J. H. Melling & B. E. Melling – Eagle Bay  
 David Mercier, M.L.A. – Burnaby-Edmonds  
 Ivan Messmer, M.L.A. – Boundary-Similkameen  
 Linda Michiluk, Mayor – North Saanich  
 Doris Mitchell – Prince George  
 Peter Morgan-Locke – Victoria  
 A. S. Morley – Prince George  
 Norma Nicholson – North Vancouver  
 Betty Nickerson – Ladysmith  
 Bonnie Nilsen – Castlegar  
 Mrs. Ruby Nordrik – Parksville  
 E. O'Brien – Kelowna  
 Ron O'Brian – Parksville  
 Bill Ods – Courtenay  
 Jim Oglivie, Mayor – Kimberley  
 Irene Oldale – Squamish  
 Ellen M. Olsen, Ph.D. – Nanaimo  
 Phyllis Ott – Silverton  
 David H. Owen – Vancouver  
 C. W. Owen – Vernon  
 Mrs. Geri A. Paterson – New Westminster  
 Walter Peigl – Abbotsford  
 Red Polley – Prince George  
 Audrey E. Pope, B.Sc., Phar., M.Sc., CHE – Vancouver  
 Margaret I. Price – Victoria  
 R. Beverley Proctor – Vernon  
 Jan Pullinger, M.L.A. – Nanaimo  
 Murial Quiring – Nelson  
 Peter Redecopp – Abbotsford  
 Bill Reid, M.L.A. – Surrey-White Rock-Cloverdale  
 Mr. Reid – Cranbrook  
 Ms. Kathleen Reitzner – North Vancouver  
 Gelda Rhodes – North Vancouver  
 Clarence H. Riendeau – White Rock  
 E. Jane Rittenhouse – Vancouver  
 Mrs. E. M. Roberts – Chilliwack  
 Hulda Roddan – Surrey  
 Elizabeth Rogers – Victoria  
 Phil Ross, Alderman – Esquimalt  
 Patricia Rowles – Okanagan Falls  
 C. Sadler – Surrey  
 Gordon L. Sadler – Nanoose Bay  
 William & Ethel Ivey Salevin – Robson  
 Ariadne Sawyer – Ganges  
 Ernst H. Schneider – Penticton  
 Anne E. Scott – Vancouver  
 Emily Scott – Robson  
 Peter Selles  
 Clifford Serwa, M.L.A. – Okanagan South  
 B. Seton – Burnaby  
 George Shaw – Cranbrook  
 Helen Smith – Burnaby  
 Mrs. Pauline Snow – Summerland  
 Mrs. Sue Souder – Oliver  
 Flora & Gordon Stark – South Surrey  
 Ivy Strimbold & Julie Carew – Houston  
 Micki Stocks – Port Moody  
 Mrs. Su and Mr. Asing – Burnaby

A. F. Sweet – Gabriola  
 Jean M. Taylor – North Vancouver  
 Diana R. Thwaites – Qualicum Beach  
 Karl J. Trabold – Williams Lake  
 J. S. Tronningsdal, R.N. (Mrs. A. G.) –  
 Creston  
 Ronald H. Umbach – Surrey  
 Honourable Elwood Veitch, M.L.A. –  
 Burnaby-Willingdon  
 Violet Wagner – Kamloops  
 Ethel S. Wait – Nelson  
 D. Webster – Williams Lake  
 Mrs. Helen B. Wells – Richmond  
 Lillian Wellsby – Burnaby  
 Mrs. Barbara K. Whistler – Sechelt  
 E. Sheila White – Summerland  
 Dorothy Whittaker, Mayor – Penticton  
 S. M. Williams – Victoria  
 Mrs. Helen J. Wilson – Kamloops  
 Irene Margaret Wilson  
 Ken Winslade – New Westminster  
 Ida Woods – Clearbrook  
 Lloyd Yorkston – Williams Lake  
 Joan Zamluk – Campbell River

### **Community Facilities Visited**

#### **Prince George**

Northern Interior Health Unit #8,  
 Continuing Care Division  
 Prince George Senior Citizens Home Society  
 (Ms. Gwynneth-Ann Johns, Director of  
 Resident Care)

#### **Fort St. John**

Peace Lutheran Care Centre  
 (Pastor Willy Olesen, Chaplain-  
 Administrator)

#### **Prince Rupert**

Acropolis Manor  
 (Lorraine Coffin, Administrator)

#### **Smithers**

Bulkley Lodge  
 (Ms. C.A. Brodie, Administrator)

#### **Abbotsford**

Mercedes Guest Home (Clearbrook)  
 (Mr. and Mrs. Duazo)

#### **Nelson**

Willowhaven Private Hospital  
 (Ms. Muriel Quiring, Administrator)

#### **Cranbrook**

Dr. F.W. Green Memorial Home  
 (Mrs. Hilda Lee, Administrator)

#### **North Vancouver**

Cedarview Lodge  
 (Ms. Lenore Paterson, Administrator)

#### **Penticton**

Penticton and District Retirement Complex  
 (Ms. Ann Rasmussen, Administrator)

#### **Kelowna**

David Lloyd-Jones Home  
 (Mrs. Pat Reeve, Administrator)

#### **Windsor Manor**

(Mrs. Janet Wilson, Administrator)

#### **Burnaby**

Shiloah, L'Arche Greater Vancouver

St. Michael's Adult Day Care

Burnaby Volunteer Services: Shopping  
 Buddies Program

**New Westminster**

Century House, New Westminster Parks  
and Recreation

**Richmond**

Rosewood Manor  
(Ms. Shirley Snell, Administrator)

Minoru Place Activity Centre  
(Ms. Jackie Schell)

**Kamloops**

Lansdowne Senior Citizens Social Centre  
(Mr. Joe Ziebart, President)

Kamloops Home Support Services  
Association  
(Ms. Gail Cameron)

**Williams Lake**

Williams Lake Seniors Activity Centre

Cariboo Lodge  
(Ms. Diane Russell, Head Nurse)

**Vernon**

Seniors Alive Shubert Centre

Gateby  
(Mr. George Wellwood, Administrator)

Bethany Home  
(Ms. Joyce Wiseman, Owner)

**Courtenay**

Courtenay Recreation Association  
Florence Filberg Centre

**Victoria**

Oak Bay Seniors Activity Centre

# APPENDIX C

## Seniors Advisory Council Act

MINISTER OF HEALTH

### BILL 41—1989

#### SENIORS ADVISORY COUNCIL ACT

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:

##### Interpretation

1. In this Act "council" means the council established by section 2.

##### Council established

2. (1) There is established the Seniors Advisory Council.

(2) The council, to be appointed by the Lieutenant Governor in Council, shall consist of a chairperson, who shall be designated by the minister, and not more than 14 other members.

(3) The minister may fix the terms and conditions of appointments made under this section.

(4) The members of the council shall be paid remuneration fixed by the Lieutenant Governor in Council and the members shall be paid, in accordance with general directives of the Treasury Board, reasonable and necessary travelling and out of pocket expenses incurred in carrying out their functions under this Act.

##### Mandate of council

3. The council may

- (a) advise the minister on current and future issues of concern to seniors of the Province,
- (b) represent interests of seniors throughout the Province, and
- (c) maintain close communication links with major seniors' organizations and organizations involved in providing services to seniors.

##### Findings and recommendations

4. The council shall report its findings and recommendations to the minister as and when advisable, but in any event not less than once in each calendar year.

##### Regulations

5. The Lieutenant Governor in Council may make regulations.

##### Explanatory Notes

SECTION 1: defines, for the purposes of the Act, the term "council".

SECTION 2: establishes the Seniors Advisory Council.

SECTION 3: establishes that council's mandate is to provide the minister with advice, to represent seniors' interests and concerns, to maintain communications with organizations involved with seniors' affairs and to initiate studies on seniors' issues.

SECTION 4: requires the council to report its findings and recommendations to the minister at least once a year.

SECTION 5: provides the Lieutenant Governor in Council with broad authority to make regulations pursuant to the Act.

# GLOSSARY

- Adult Day Care** Adult Day Care Programs provide personal assistance, supervision, and an organized program of health, social and recreational activities in a group setting.
- Alzheimer's Disease** Named after the German neurologist who discovered it, Alois Alzheimer (1864-1915), it may involve progressive, irreversible loss of memory, deterioration of intellectual functions, apathy, speech and gait disturbances, and disorientation.
- B.C. Seniors Games** The B.C. Seniors Games was first organized in 1987, by seniors, for seniors. Funding is provided through the Recreation and Sports Branch of the Ministry of Municipal Affairs, Recreation and Culture, as well as the private sector.
- Choosing Wellness** This is a community health promotion program designed by the Ministry of Health to maintain or improve the functional independence of seniors.
- Congregate Housing/  
Meals** This term refers to shared housing or meal services. Congregate housing arrangements may occur in a single house, or within a complex, with the aim of providing mutual support and added security. Congregate meals may be eaten together in a large dining hall, providing occasions for social interaction.
- Family Care Homes** Family Care Homes are single-family residences which accommodate a maximum of two Long Term Care Program clients who require residential care. The purpose of a Family Care Home is to provide a protective, supportive environment within a family home as an alternative to admission to a residential care facility. Clients are treated as part of the family, participating in normal family activities.
- Geriatric Psychiatry  
Outreach Services** With funding from Mental Health Services Division of the Ministry of Health, the Division of Geriatric Psychiatry at the University of British Columbia provides education, training, clinical consultation, and client review to selected Northern and rural communities in the Province. The Outreach team is a multidisciplinary mix of professionals trained in geriatric psychiatry representing the disciplines of psychiatry, nursing, social work, psychology, and occupational therapy. The program was started in 1986.

**Granny Flats**

Granny Flats originated in Australia, in 1975, and have since been adopted in a number of other countries. As originally conceived, they are detached, portable, self-contained minihouses designed to be easily installed on the properties of existing residences and hooked up to the utilities of the main house. The units provide housing for the elderly in close proximity to friends or relatives who live in the main house, yet allow seniors to remain independent.

**HandyDART**

HandyDART transportation services are provided for disabled people, through BC Transit in cooperation with local government transit commissions. Eligible users book service in advance by telephone and receive door-to-door service and pay a fare comparable to the fare for conventional transit.

**Homemaker Services**

Homemaker Services are provided to assist clients who require nonprofessional (lay) personal assistance with care needs or with essential housekeeping tasks. Clients may be required to pay a user charge based on an income assessment.

**Home Support Services**

Home Support Services are those services which help clients with health-related disabilities, to continue living in their own homes. These services are authorized by the Long Term Care Program in cases where personal and family resources are not sufficient to meet the individual's need for care. Services available from the Long Term Care Program include Homemaker Services, Adult Day Care, Family Care Homes, and Meals-on-Wheels, among others. In addition to those services provided by the Long Term Care Program, various community resources may be available to provide assistance to clients in their own homes.

**Hospice**

Hospice care is an interdisciplinary program of palliative care and support for terminally ill individuals and their families, addressing psychological, physical, social, spiritual, and economic needs. This care may be provided in the home or in a hospice centre.

**Hospital/Community Partnership Program**

The Ministry of Health established this Partnership program to encourage hospitals to develop, in conjunction with local community agencies, programs which would emphasize the prevention of disease and promote wellness.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Living Will</b>             | A living will is a signed declaration made by a competent adult that directs physicians, should that person become incompetent, regarding the type of medical treatment desired during the terminal phase of illness.                                                                                                                                                                                                                                                                                                                                |
| <b>Long Term Care</b>          | The Long Term Care Program of the Continuing Care Division, is part of the Ministry of Health. It provides assessment and case management of clients, and offers facility-based care as well as community-based care (such as homemakers). The underlying principle of the Program is the belief that individuals are responsible and wish to care for themselves and their families for as long as they are able to do so. The program provides support only to the extent that personal and family resources are unable to meet health care needs. |
| <b>Meals-on-Wheels</b>         | This program provides nutritious meals to shut-ins, in their own homes. Wheels-to-Meals is another version which transports individuals to locations where meals are shared.                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Palliative Care</b>         | Palliative care is provided to terminally ill patients, in order to alleviate some of the discomfort and pain of their illness. This type of care may be provided in the home or in hospice centres.                                                                                                                                                                                                                                                                                                                                                 |
| <b>Psychogeriatric</b>         | The study of mental disorders of the elderly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Respite/Relief Programs</b> | Caregivers may suffer from burnout, due to the psychological, emotional, and/or physical burden of providing daily care. Respite care, offers places for patients to stay temporarily, while Relief programs have temporary caregivers come into the home so that patients do not have to move.                                                                                                                                                                                                                                                      |
| <b>Sheltered Housing</b>       | This term refers to self-contained housing arrangements which usually have the added security of a resident caretaker who can be relied upon to handle emergency situations.                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Social Housing</b>          | This term refers to housing units that are subsidized by the Ministry of Social Services and Housing, through the B.C. Housing Management Commission.                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Victoria Health Project</b> | This is a joint pilot project of the Greater Victoria Hospital Society and the Capital Regional District, with support from the Ministry of Health. The initial focus was on the needs of the frail elderly and the chronically ill, recognizing the importance of a holistic view of health. The community initiatives funded by the Project promote wellness and the maintenance of health, emphasizing prevention.                                                                                                                                |